

Hospital ID: \_\_\_\_\_

**RECORDER FAILURE  
TEMPERATURE DOCUMENTATION FOR RBC STORAGE**

*In the event of recorder failure, the temperature of the blood storage unit should be monitored every 4 hours.*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Time	Temp	Tech		Time	Temp	Tech		Time	Temp	Tech

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Supervisory Review By: \_\_\_\_\_ Date: \_\_\_\_\_

MEDIC Review By: \_\_\_\_\_ Date: \_\_\_\_\_